

physician may perform an abortion over a parent's objection also if the delay in getting a court order would endanger the minor's life or seriously worsen her physical condition. In that instance, though—where a parent has refused to give consent—the physician must get a second opinion, from another North Carolina–licensed physician, that an abortion is needed to prevent immediate harm to the minor.¹⁸

CONSENT FROM THE MINOR ONLY

In North Carolina, as in many other states, a minor may seek care on her own in certain circumstances, namely, when she wants treatment for one of a few specified conditions,¹⁹ when she is consenting to care for her child, or when she is emancipated.

Minors Seeking Care for Certain Conditions

Minors can approach providers independently for contraception, treatment for sexually transmitted diseases (STDs), and prenatal care (although not for abortion).²⁰ They can consent to services for the *prevention, diag-*

18. G.S. 90-21.1(4).

19. The Bush Administration is considering whether to amend new federal guidelines on the privacy of medical records to give parents access to all minors' medical records, which would vitiate these state minors' consent laws. 45 C.F.R. Section 164.502(g) (July 6, 2001).

20. G.S. 90-21.5. The other conditions with respect to which minors may consent to treatment are any other reportable communicable disease, abuse of controlled substances or alcohol, and emotional disturbance. Minors alone may not consent to abortion, sterilization, or nonemergency hospitalization for mental health care. G.S. 90-21.6 through -21.10, described later, require a parent's or other adult's consent to abortion or a judicial waiver of the requirement.

Because minors may consent to diagnosis of reportable communicable diseases, they may consent to HIV testing. Some providers think, to the contrary, that a parent must consent to a minor's HIV testing because G.S. 130A-148(h) provides that, if parents refuse permission for HIV testing, a child may still be tested if "there is a reasonable suspicion that the minor has AIDS virus or HIV infection or that the child has been sexually abused." However, we assume this provision does not apply to a minor who is herself consenting to diagnosis under G.S. 90-21.5.